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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : GREENSPOON WARDER, P.A.
Account Number : 076064003722
Phone : (868) 491-1120
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FLORIDA LIMITED LIABILITY CO.
ACD MICHIGAN, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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B. BOSTICK
JAN 16 2014
EXAMINER

ARTICLES OF ORGANIZATION
OF
ACD MICHIGAN, LLC

THE UNDERSIGNED, pursuant to the provisions of Chapter 605 of the Florida Revised Limited Liability Company Act, for the purpose of forming a Florida Limited Liability Company (the "Company") under the laws of the State of Florida does set forth the following:

ARTICLE I - Name:

The name of the Limited Liability Company is ACD MICHIGAN, LLC

ARTICLE II - Duration:

The period of duration for the Company shall begin with the filing of these Articles with the Florida Department of State, and shall exist perpetually, unless sooner dissolved in accordance with the Operating Agreement of the Limited Liability Company or Florida law.

ARTICLE III - Address:

The mailing address and street address of the principal office of the Company is 4201 N. Ocean Blvd., #1008, Boca Raton, Florida 33431.

ARTICLE IV - Registered Agent:

The name and address of the initial registered agent for this Company is Laurence I. Blair, 2255 Glades Road, Suite 414E, Boca Raton, Florida 33431.

ARTICLE V - Management:

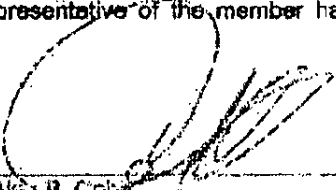
Initially, the Company shall be manager managed and the initial manager shall be as listed below; provided, that the Company may determine, from time to time, to become member managed or change the manager from time to time and the Company

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reserves the right to update such information through its annual report filings, amendments to the Company's operating agreement, or as otherwise provided by applicable law:

August C. Damjan 4201 N. Ocean Blvd., #1009, Boca Raton, Florida 33431

WHEREOF, the undersigned authorized representative of the member has executed these Articles the 15 day of January 2014.



Alan B. Cohen
Authorized Representative of Member

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 FLORIDA
STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE
FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED
AGENT, IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

ACD MICHIGAN, LLC

2. The name and address of the registered agent and office is:

Laurence I. Blair, 2255 Glades Road, Suite 414E, Boca Raton, FL 33431

*Having been named as registered agent and to accept service of process for the above stated
Limited Liability Company at the place designated in this certificate, I hereby accept the
appointment as registered agent and agree to act in this capacity. I further agree to comply with
the provisions of all statutes relating to the proper and complete performance of my duties, and I
am familiar with and accept the obligations of my position as registered agent.*



Laurence I. Blair (Signature)

January 15, 2014
(Date)

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